

Hello Latin America & Canada!

Check out *your* website at: <http://tricare15.army.mil>



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The International SOS Benefit

There are many countries in Remote Latin America where active duty and their Prime enrolled family members are not using International SOS. They are paying out of pocket for their healthcare and filing for reimbursement. None of you should be out of pocket any money for receiving healthcare other than pharmacy.

Using the International SOS benefit is as easy as 1, 2, 3.

- Call the PCM Call Center
- Discuss your medical needs with a registered nurse or physician
- Determine the need and urgency for care
- ISOS makes the appointment and guarantees payment
- You go to your appointment with no out-of-pocket expenses other than pharmacy

There are some countries that have logistical issues to work out such and poor technology services (telephone lines), and areas that have additional provider needs, however, this system has a proven success rate throughout the region. Whether you use it or not, our tax dollars are spent on providing this service to you. The TLAC Support Office pays a per member per month fee to ISOS for each enrolled AD and ADFM. Let the TLAC Support Office know if you have additional provider needs or have other concerns.

Federal Drug Recall Information

It was requested that the TLAC Support Office provide some information concerning FDA recalls of medications and devices due to public safety. In researching this topic, it is not possible to include all the information available from the FDA. The next best thing is to provide the FDA website at <http://www.fda.gov/opacom/7alerts.html>.

From the office of the Medical Director:

Ladies and Gentlemen, I have been made aware of an issue that only affects some countries in Remote Latin America.

The issue is subscribing to local ambulance services with an annual fee. Clearly, as it is currently understood, this is NOT a TRICARE covered benefit. This is not to be confused with any fees associated with actual use of ambulance services for care and transport to an emergency room. Those services are covered by TRICARE.

I have forwarded this issue to TRICARE Management Activity in Washington D.C. and included SOUTHCOM in our communications concerning this.

Please be patient and standby for further information. *Semper Paratus*

COL Luke M. Stapleton, USA /s/

WPS Customer Service Phone Numbers for TRICARE Overseas are 608.301.2310 and 608.301.2311

Press Release

CDC Update: CDC Releases Draft Smallpox Response Plan (November 26, 2001)

Atlanta, Georgia – The Centers for Disease Control and Prevention (CDC) today released "Interim Smallpox Response Plan and Guidelines," which outlines CDC's strategies for responding to a smallpox emergency.

The plan, which is a working draft, has been sent to all state bio-terrorism coordinators, state health officers, state epidemiologists, and state immunization program managers for review and comment. The plan identifies many of the federal, state, and local public health activities that would need to be undertaken in a smallpox emergency, including response plan implementation, notification procedures for suspected cases, CDC and state and local responsibilities and activities, and CDC vaccine and personnel mobilization.

"The global public health community in a landmark effort 21 years ago eradicated smallpox from the planet," said CDC Director Dr. Jeffrey P. Koplan. "Today, we find ourselves preparing for a difficult-to-imagine event, an intentional release of smallpox. Although such a release might be unlikely, we must prepare for it so that the spread of illness will be minimized." The plan also provides state and local public health officials with a framework that can be used to guide their smallpox planning and readiness efforts as well as guidelines for many of the general public health activities that would be undertaken during a smallpox emergency.

The plan was developed in conjunction with state epidemiologists, bio-terrorism coordinators, immunization program managers, and health officials. Many of the strategies and concepts were used successfully in the global eradication of smallpox, which was declared globally eradicated in 1980. The "Interim Smallpox Plan" will remain a working document that will be updated regularly to reflect changes in overall public health resources for responding to a smallpox emergency.

State, local, and private health officials are being asked to: 1) identify additional tools that would be useful to their state and local plans; 2) identify and describe gaps in the overall plan, proposed activities, and guidelines; 3) identify concepts, approaches, activities or guidelines that need clarification or further explanation; 4) assess the proposed strategies and guidelines with respect to state and local plans; 5) assess resources and resource needs; and 6) identify additional elements, steps, or activities that should be undertaken in response to a smallpox emergency.

The foremost public health priority during a smallpox outbreak would be control of the epidemic. Doctors, health care workers and hospital personnel have been trained to identify infectious diseases, verify their diagnosis and then respond appropriately. The same system would identify any possible outbreak of smallpox.

The plan does not call for mass vaccination in advance of a smallpox outbreak because the risk of side effects from the vaccine outweighs the risks of someone actually being exposed to the smallpox virus. A summary of the plan is posted at www.cdc.gov/nip/diseases/smallpox. The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national and international organizations.

For the latest update on CDC activities and on-going anthrax investigations visit www.bt.cdc.gov or www.cdc.gov/od/oc/media.